

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street) ▼

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer

Michael C McGrew

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
03		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">1225523.87</td></tr></table>	1225523.87					
Y	Y	Y	Y	Y	Y															
2016																				
1225523.87																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">1109181.87</td></tr></table>	1109181.87																		
1109181.87																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">2731130.00</td></tr></table>	2731130.00							<table><tr><td colspan="6">2811425.00</td></tr></table>	2811425.00										
2731130.00																				
2811425.00																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">3840311.87</td></tr></table>	3840311.87							<table><tr><td colspan="6">4036948.87</td></tr></table>	4036948.87										
3840311.87																				
4036948.87																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">947674.00</td></tr></table>	947674.00							<table><tr><td colspan="6">1144311.00</td></tr></table>	1144311.00										
947674.00																				
1144311.00																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">2892637.87</td></tr></table>	2892637.87							<table><tr><td colspan="6">2892637.87</td></tr></table>	2892637.87										
2892637.87																				
2892637.87																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2731130.00

2811425.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2731130.00

2811425.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

2731130.00

2811425.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2731130.00

2811425.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

2731130.00

2811425.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21612.00	69349.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21612.00	69349.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	926062.00	1074962.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	947674.00	1144311.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	947674.00	1144311.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2731130.00	2811425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2731130.00	2811425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	21612.00	69349.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	21612.00	69349.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

**A. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City	State	Zip Code
Chicago	IL	60611-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

**Transaction ID : A5AB12792566F4AC0B60**

Amount of Each Receipt this Period

1672588.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City	State	Zip Code
Chicago	IL	60611-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2720325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

**Transaction ID : AC56C10B9A3B944BE870**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City	State	Zip Code
Chicago	IL	60611-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2741937.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : A5C0E02AFEF048209C4**

Amount of Each Receipt this Period

21612.00

☐ Memo Item

In-Kind: Administrative support and solicitation

**SUBTOTAL** of Receipts This Page (optional)..... ►

2694200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

## **A. GREATER BATON ROUGE ASSOCIATION OF REALTORS**

Mailing Address 14101 Perkins Road

City State Zip Code  
 Baton Rouge LA 70810-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 25 / 2016

**Transaction ID : A3733A05F764E49A3A26**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. IREM - INSTITUTE OF REAL ESTAT**

Mailing Address 430 N MICHIGAN AVENUE

City State Zip Code  
 CHICAGO IL 60611-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 04 / 2016

**Transaction ID : AB8A0494F414A4CE39A8**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Midlands MLS**

Mailing Address 8231 Beechwood Dr

City State Zip Code  
 Lincoln NE 68510-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2016

**Transaction ID : A00E068EE19484D0C8C9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

## **A. MLS of Wilmington Regional Association of Realtors**

Mailing Address 1826 Sir Tyler Drive

City State Zip Code  
 Wilmington NC 28405-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : AD42FCFD644094ADA967**

Amount of Each Receipt this Period

1930.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Multiple Listing Service**

Mailing Address PO BOX 5134

City State Zip Code  
 Hilton Head Island SC 29938-5134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : A84E9153D74C04261865**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. RMLS**

Mailing Address 8338 NE Alderwood Road  
 Suite 230

City State Zip Code  
 Portland OR 97220-6809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : A517CAF2AEFFA421D96A**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12930.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

## **A. SAN FRANCISCO ASSOCIATION OF REALTORS**

Mailing Address 301 Grove St.

City State Zip Code  
 San Francisco CA 94102-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

03 / 10 / 2016

**Transaction ID : A083385E4C06F465DB5D**

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. State Wide MLS Inc.**

Mailing Address 100 Bignal St.

City State Zip Code  
 Warwick RI 02888-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 25 / 2016

**Transaction ID : AA3DB53197AA1469AAC7**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UTAH REAL ESTATE**

Mailing Address 230 WEST TOWNE RIDGE PKWY

City State Zip Code  
 Sandy UT 84070-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

03 / 21 / 2016

**Transaction ID : A606D3A35F3414B54890**

Amount of Each Receipt this Period

6000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15500.00

2731130.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

**A. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City

Chicago

State

IL

Zip Code

60611-4011

Purpose of Disbursement

In-Kind: Administrative support and solicitation

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016**Transaction ID : B6B87CD23048749C484A**

Amount of Each Disbursement this Period

21612.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21612.00

21612.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Fenn Communications Group</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>
Mailing Address 2715 M St NW Ste 150			Amount <b>384000.00</b>
City Washington	State DC	Zip Code 20007-3733	Transaction ID : <b>E7C5E078DEF1742A9A47</b>
Purpose of Expenditure TV Ad buy & production costs	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Chris J. Van Hollen		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554850.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Fenn Communications Group</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>
Mailing Address 2715 M St NW Ste 150			Amount <b>126000.00</b>
City Washington	State DC	Zip Code 20007-3733	Transaction ID : <b>E8B326B401CD54B66A0A</b>
Purpose of Expenditure Internet Ad & Production Costs	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Chris J. Van Hollen		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554850.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>510000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 20 / 2016**

Signature

Full Name of Payee <input type="checkbox"/> Memo Item <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 22 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div> <div>Amount</div> <div>1050.00</div> </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : <b>E575FD700EED74FC5A45</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Consulting Services		Category/ Type <div></div>	
Name of Federal Candidate Rep. Chris J. Van Hollen		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554850.00</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44850.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">03 / 23 / 2016</div>		
Mailing Address 430 N Michigan Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">840.00</div>		
City Chicago		State IL	Zip Code 60611-4011		<b>Transaction ID : E3D8E6FE353BB4EF0A51</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Consulting Services		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"></div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Rep. Chris J. Van Hollen			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">926062.00</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____					
Full Name of Payee <b>Terris Barnes &amp; Walters</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">03 / 23 / 2016</div>		
Mailing Address 400 Montgomery St Ste 900			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">370372.00</div>		
City San Francisco		State CA	Zip Code 94104-1223		<b>Transaction ID : E0BB3C431BAE24329A7A</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Direct Mail Costs		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"></div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Rep. Chris J. Van Hollen			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">926062.00</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____					
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">371212.00</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">926062.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="text-align: right;">Michael McGrew</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">04 / 20 / 2016</div>		

[Electronically Filed]